

Amity Elementary School Principal Amity School District 4J Application Form



Last Name	First Name	M.I.	Work Phone	Home Phon	
lome Mailing Address	City		S	tate	Zip
Work Address	City		S	tate	Zip
Education: (Undergraduat		Detec At	to a do d	Maior	Danna
Accredited	Institution	Dates At	<u>.</u>	Major 	Degree
sted first.	Please list all full-time experience				
Position	School Distric	t/Location	Years (From/To)	Enrollment	Salary
			-		
			-		
			-	· ————	
Are you currently licensed	as an Administrator in Oregor	n? Yes I	No		
f not, are your eligible?	_	ou applied for	an Oregon License?	Yes No	
Mhere did vou receive info	ermation about this position?				

References: Please list the names of four or more persons who are knowledgeable of your professional work whom we can contact, including your current employer and at least one current school board member.

Name Position Present Address Work Phone Home Phone

Community Service and Honors:

Professional Organization Memberships, Offices Held:

APPLICATION SUBMISSION CHECKLIST

Does your completed application packet include:

- A letter of interest
- A current professional resume
- A completed district application
- A statement for each of the following addressing the qualifications and personal traits:
 - o Education Philosophy
 - Management Philosophy
 - o Qualities and Qualifications
- Three current references
- Professional Credentials

Application Form

- This application form will be used as a working document. Please fill in all blanks—Do NOT state See attached, etc., or leave questions unanswered.
- Information about the Oregon Administrator's License can be obtained by calling the Teacher Standards and Practices Commission at 503-378-3586.

Please return this completed form to:

Jeff Clark, Superintendent Amity School District 4J 807 S Trade Street; Amity, OR 97101

Phone: 503-835-2171 Fax: 503-835-5050 Ema

Email: jeff.clark@amity.k12.or.us